WOMEN'S HEALTH STUDY

Conducted for:

United States Public Health Service of the
U.S. Department of Health and Human Services

National Institutes of Health

Conducted by:

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A. Breast Cancer Risk Factors

First, we need some basic information about you.

1. What is your current marital status? (Mark only one answer.)

Currently married
Living with someone as if you were married
Separated
Divorced
Never Married

2. What is the highest level of education you have completed? (Mark only one answer.)

Eighth grade or less
Beyond eighth grade, but not high school
High school graduate or GED
Vocational, trade, or business school after high school
Some college, but did not receive a degree
Finished a two-year college program
Finished a four- or five-year college program
Master's degree
Ph.D., M.D., or other advanced degree

Next, we would like to ask you some questions about your menstrual periods, any pregnancies you may have had, and your history of hormone use.

3. At what age did your menstrual periods begin? (Mark only one answer.)

Never menstruated
9 or younger
10
11
12
13
14
15
16
17 or older
Don't know

4. Are you currently pregnant?

Yes
No

5. How many times have you been pregnant, including live births, stillbirths, miscarriages, abortions, tubal and other ectopic pregnancies? If you are pregnant, be sure to count this pregnancy.

|___|___| NUMBER OF PREGNANCIES

NONE (SKIP TO Q.8)

A. How many of your pregnancies resulted in at least one live birth or full-term stillbirth?

|___|___| NUMBER OF PREGNANCIES

NONE (SKIP TO Q.8)

6. How old were you when your first live birth or full-term stillbirth occurred?

|___|___| AGE

7. Did you breastfeed any of your children?

Yes
No (SKIP TO Q.8)

A. How old were you when you first breastfed one of your children?

|___|___| AGE

B. Thinking of all your children, for how many weeks or months in total did you breastfeed them?

|___|___| WEEKS
OR
|___|___| MONTHS

8. Have you ever used oral contraceptives for two months or more for any reason (contraception, acne, menstrual irregularity, etc.)?

Yes
No (SKIP TO Q.9)

A. How old were you when you began using oral contraceptives?

|___|___| AGE

B. For how many months or years in total have you used oral contraceptives?

|___|___| MONTHS
OR
|___|___| YEARS

C. How old were you when you stopped using oral contraceptives?

|___|___| AGE
OR
Presently using them

9. Are you still having menstrual periods or have they stopped permanently?

Never menstruated (SKIP TO Q.10)
Still having menstrual periods (SKIP TO Q.11)
Not sure, periods are irregular or using hormone supplements (SKIP TO Q.11)
Menstrual periods have stopped permanently

A. How old were you when your menstrual periods stopped permanently?

|___|___| AGE

10. Have you had surgery to remove your uterus?

Yes
No (SKIP TO Q.11)

A. How old were you when your uterus was removed?

|___|___| AGE

11. Have you had surgery to remove one or both of your ovaries?

Yes, one ovary removed
Yes, both ovaries removed
No (SKIP TO Q.12)

A. How old were you at the time of your most recent surgery to remove one or both of your ovaries?

|___|___| AGE

12. Have you used any female hormones for two months or more such as Premarin or other estrogens for hot flashes or other menopausal symptoms?

Yes
No (SKIP TO Q.13)

A. How old were you when you began using these medications?

|___|___| AGE

B. Altogether, for how many months or years in total have you used these medications?

|___|___| MONTHS
OR
|___|___| YEARS

C. How old were you when you stopped using these medications?

|___|___| AGE
OR
Presently using them

Now we wold like to ask you some questions about your health history.

13. Have you ever had a mammogram?

Yes
No (SKIP TO Q.14)

A. How old were you when you had your first mammogram?

|___|___| AGE

B. How many mammograms have you had in the past 5 years?

None
1
2
3
4
5 or more

C. How old were you when you had your most recent mammogram?

|___|___| AGE

The next group of questions are about breast procedures other than implants.

14. Have you ever had any of the following breast procedures: an aspiration or needle biopsy, a breast biopsy, removal of a lump, or total removal of a breast?

Yes
No (SKIP TO Q.15)

	Procedure 1	Procedure 2	Procedure 3	Procedure 4
A. In what month and year did you have the (first/next) breast procedure?	|___|___|19 |___|___| MONTH YEAR	|___|___|19 |___|___| MONTH YEAR	|___|___|19 |___|___| MONTH YEAR	|___|___|19 |___|___| MONTH YEAR
B. What exactly was done during this procedure?	9 Aspiration or needle biopsy 9 Breast biopsy 9 Partial removal of breast or lumpectomy 9 Total removal of breast 9 Other (Specify) ______	9 Aspiration or needle biopsy 9 Breast biopsy 9 Partial removal of breast or lumpectomy 9 Total removal of breast 9 Other (Specify) ______	9 Aspiration or needle biopsy 9 Breast biopsy 9 Partial removal of breast or lumpectomy 9 Total removal of breast 9 Other (Specify) ______	9 Aspiration or needle biopsy 9 Breast biopsy 9 Partial removal of breast or lumpectomy 9 Total removal of breast 9 Other (Specify) ______
C. Which breast was involved?	9 Left 9 Right 9 Both	9 Left 9 Right 9 Both	9 Left 9 Right 9 Both	9 Left 9 Right 9 Both
D. Was cancer diagnosed?	9 Yes 9 No (SKIP TO F)	9 Yes 9 No (SKIP TO F)	9 Yes 9 No (SKIP TO F)	9 Yes 9 No (SKIP TO F)
E. How was that cancer first detected? Was it by means of...	9 a self exam 9 a breast exam by medical provider 9 a mammogram	9 a self exam 9 a breast exam by medical provider 9 a mammogram	9 a self exam 9 a breast exam by medical provider 9 a mammogram	9 a self exam 9 a breast exam by medical provider 9 a mammogram
F. What was the name and address of the doctor and hospital or clinic where the procedure was done?	(DOCTOR NAME) ________ (DOCTOR ADDRESS) ________ (HOSPITAL OR CLINIC NAME) ________	(DOCTOR NAME) ________ (DOCTOR ADDRESS) ________ (HOSPITAL OR CLINIC NAME) ________	(DOCTOR NAME) ________ (DOCTOR ADDRESS) ________ (HOSPITAL OR CLINIC NAME) ________	(DOCTOR NAME) ________ (DOCTOR ADDRESS) ________ (HOSPITAL OR CLINIC NAME) ________
If the same doctor or hospital was used for procedures 2-4, write "SAME."	(HOSPITAL ADDRESS) ________	(HOSPITAL ADDRESS) ________	(HOSPITAL ADDRESS) ________	(HOSPITAL ADDRESS) ________

The following questions refer to biological relatives only. (Biological means related by blood.)

15. How many full sisters do you have, either living or deceased?

|___|___| NUMBER OF SISTERS

16. How many full brothers do you have, either living or deceased?

|___|___| NUMBER OF BROTHERS

17. How many daughters do you have? Please include any liveborn daughters who may have died, but do not include adopted, step, or foster daughters.

|___|___| NUMBER OF DAUGHTERS

18. How many sons do you have? Please include any liveborn sons who may have died, but do not include adopted, step, or foster sons.

|___|___| NUMBER OF SONS

19. Which range of figures comes closest to your total household income before taxes for the last calendar year?

Less than $15,000
$15,000 - $19,999
$20,000 - $24,999
$25,000 - $34,999
$35,000 - $49,999
$50,000 - $69,999
$70,000 - $89,999
$90,000 or more
DON'T KNOW

20. How many people are supported by your total household income?

|___|___| NUMBER OF PEOPLE

21. Did any of your parents, siblings, or children have breast cancer?

Yes
No
Don't know

	First relative	Second relative	Third relative	Fourth relative
A. Breast Cancer				
(1) relationship	Mother Father Sister Brother Daughter Son	Mother Father Sister Brother Daughter Son	Mother Father Sister Brother Daughter Son	Mother Father Sister Brother Daughter Son
(2) Age at diagnosis (if age is unknown, enter DK)	|__|__|	|__|__|	|__|__|	|__|__|